



**State of Hawaii  
Department of Health  
Emergency Medical Services and Injury Prevention System Branch  
Manoa–Kahala, Oahu**

**State Trauma Program Coordinator**

\$88,656 – \$110,088 annually, commensurate w/ training and experience

Assists the Emergency Medical Services and Injury Prevention System Branch Manager in all aspects of planning for, and operating a comprehensive statewide trauma system. Administrative responsibilities include trauma registry, verification and re-verification of trauma centers, regulation, contracts, education programs, and support of the State Trauma Advisory Committee and Regional Trauma Committees.

**Minimum Qualification Requirements**

**EDUCATION:** Graduation from an accredited school of nursing. Masters of Science in Nursing, and Certification in Nursing Administration, Critical Care, Emergency Nursing, or Rehabilitative Nursing are preferred.

**EXPERIENCE:** Five (5) years of progressive experience in program management, three (3) years of which should be in trauma program management.

**LICENSE:** Valid Hawaii registered nurse license, and valid driver's license.

Applicants must have excellent time management, organization, writing, speaking and listening skills. Applicants must also be able to work flexible hours that may occasionally include evenings and weekends, and must be able to travel statewide.

**Who May Apply**

Citizens, permanent resident aliens, or nationals of the United States; and non-citizens with unrestricted employment authorization from the U.S. Immigration & Naturalization Service.

**How to Apply**

Complete the attached **application** and submit with your **resume or curriculum vitae**, via postal mail or e-mail, to:

Department of Health  
Emergency Medical Services and Injury Prevention System Branch  
Leahi Hospital, Trotter Basement  
3675 Kilauea Avenue  
Honolulu, HI 96816  
Attn: Dr. Linda Rosen, EMS Program Manager  
or  
[linda.rosen@doh.hawaii.gov](mailto:linda.rosen@doh.hawaii.gov)

Recruitment is continuous until needs are met.

**Other Information**

For additional information, you may call 808-733-9210,  
or e-mail [linda.rosen@doh.hawaii.gov](mailto:linda.rosen@doh.hawaii.gov).

# STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

## DEPARTMENT OF HEALTH

Emergency Medical Svcs & Injury Prevention System Br

3675 Kilauea Ave, Trotter Basement

Honolulu, Hawaii 96816



FOR OFFICIAL USE ONLY  
DEPARTMENTAL PERSONNEL  
STAFF TO SELECT CATEGORY.

- ☐ Exempt  
☐ Other: (state below) \_\_\_\_\_

RECEIVED DATE/TIME STAMP

### GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for the job for which you are applying.

- This application form is to be used for non-civil service positions.
- Before applying, read the job requirements described in the job announcement carefully to determine if you qualify for the job.
- Any additional required forms described in the job announcement can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

*The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.*

1. **State Trauma Program Coordinator**

JOB TITLE APPLYING FOR

2. **119163**

RECRUITMENT NUMBER or POSITION NUMBER

3. NAME:

Last

First

Middle

OTHER NAMES  
USED OR  
FORMER

4. LAST NAME:

MAILING  
5. ADDRESS:

P.O. Box

or

Street Address

6.

City

State

Zip Code

E-MAIL

7. ADDRESS:

PHONE

8. NUMBER:

Home

Other

9. **CITIZENSHIP STATUS.** The requirement for Citizenship must be met at the time of application. Place a checkmark in the appropriate block:

- A. ☐ Citizen of the U.S.  
B. ☐ National of the U.S. (includes persons born in American Samoa, includes Swain's Island.)  
C. ☐ Permanent Resident Alien of the U.S.  
D. ☐ Other – Non-citizen authorized under federal law to work in the U.S.

*If you selected "Other-Non-Citizen" in Question #9D, do you have an Employment Authorization Document (EAD) or other documentation allowing you to work in the U.S. without restrictions and/or employer sponsorship?*

☐ Yes ☐ No

Please explain your "Yes" or "No" answer. \_\_\_\_\_

### 10. NOTICE OF "AT WILL" EMPLOYMENT

The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of your department head or designee at any time.

### CERTIFICATE OF APPLICANT

I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment if offered is only on an "At Will" basis. A new application is to be submitted for each consideration. I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

\_\_\_\_\_ Date

\_\_\_\_\_ Original Signature of Applicant

# STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE POSITIONS

*The information on pages 1 and 2 will not be released to persons involved in the appointment process.*

Information requested in items 11 through 18 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

## 11. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? ..... ☐ YES ..... ☐ NO

B) Separated from military service under conditions other than honorable? ..... ☐ YES ..... ☐ NO

(If you answer "Yes" to question 11A or 11B, please indicate in item #12 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

12. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 13. CONVICTION OF A VIOLATION OF LAW

A) Have you been convicted of a violation of law? ..... ☐ YES ..... ☐ NO

*Report state, federal, military, international and other convictions. Convictions of felony and misdemeanor offenses (including petty misdemeanor, DUI, contempt of court, etc.) must be reported.*

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #14 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

B) Within the past three years, have you been convicted of any offense related to controlled substances? ..... ☐ YES ..... ☐ NO

C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence? ..... ☐ YES ..... ☐ NO

(If you answer "Yes" to question 13A, 13B, or 13C, indicate in item #14 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

14. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 15. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? ..... ☐ YES ..... ☐ NO

(If you answer "Yes," please indicate in item #16 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

16. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 17. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawaii? ..... ☐ YES ..... ☐ NO

(If you answer "Yes," to question 17, please explain in detail in item #18 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

18. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION AND EMPLOYMENT HISTORY**  
**STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE POSITIONS**  
**DEPARTMENT OF HEALTH**

**FOR OFFICIAL USE ONLY**

**PERSONNEL OFFICE TO  
SELECT CATEGORY.**

- ☐ Exempt  
☐ Other: (state below)

**1. JOB TITLE APPLYING FOR:** \_\_\_\_\_ State Trauma Program Coordinator

**2. RECRUITMENT NUMBER or POSITION NUMBER:** \_\_\_\_\_ 119163

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Class Specifications. As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

**3. NAME:**

\_\_\_\_\_  
Last First Middle

**4. OTHER NAMES**

**USED OR FORMER**

**LAST NAME:** \_\_\_\_\_

**MAILING**

**5. ADDRESS:**

\_\_\_\_\_  
P.O. Box or Street Address

**6.**

\_\_\_\_\_  
City State Zip Code

**7. E-MAIL ADDRESS:** \_\_\_\_\_

**8. PHONE NO.:**

\_\_\_\_\_  
Home Other

**9. EDUCATION HISTORY:** When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

**DO NOT  
WRITE IN  
THIS  
SPACE**

**A. NAME AND LOCATION** (city and state) of last grade school attended: (elementary, intermediate or high school)

**Did you graduate?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ **If no, what grade level did you complete?** \_\_\_\_\_

**Did you receive a GED?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**B. TRAINING:** In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

**10. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS**

**A. DRIVER'S LICENSE: DO YOU POSSESS A VALID DRIVER'S LICENSE?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**DRIVER'S LICENSE #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Class/Type:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

*If the job requires a valid driver's license, please submit a clear photocopy of both sides of your driver's license with application.*

**B. OTHER LICENSES OR CERTIFICATES:** Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

**C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH:** List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

**D. SPECIAL QUALIFICATIONS:** Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# EDUCATION AND EMPLOYMENT HISTORY

## STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE POSITIONS

**11. EXPERIENCE: Please type or print legibly in ink.** Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified. **Do not submit a resume in place of completing this page. Please complete this section even if you are attaching a resume or other documents.**

<b>Your Present or Last Position</b>	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ <div style="text-align: center;">Month                      Year</div> To: _____ <div style="text-align: center;">Month                      Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary    \$ _____ Per _____ Ending Salary    \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ _____
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